

PCT INTERNATIONAL APPLICATION TRANSMITTAL LETTER	DATE: <u>20 June 2003</u>
REGARDING THE INTERNATIONAL APPLICATION OF: Genzyme Corporation	DOCKET OR REFERENCE NO.: <u>4830-30PCT</u>
ENTITLED:	<b>Silicone Blends and Composites for Drug Delivery</b>

**Certification under 37 CFR 1.10 (if applicable)**

**EL636862281US**

Express Mail" mailing number

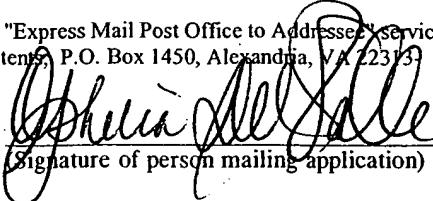
20 June 2003

Date of Deposit

I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Ophelia Del Valle

(Typed or printed name of person mailing application)

  
(Signature of person mailing application)

To the United States Receiving Office (RO/US):

Accompanying this transmittal letter is the above-identified International application, including a completed Request form (PCT/RO/101). Please process the application according to the provisions of the Patent Cooperation Treaty.

The following requests are made of the RO/US:

1.  PREPARATION AND TRANSMITTAL OF CERTIFIED COPY OF PRIORITY DOCUMENTS - Please prepare and transmit to the International Bureau a certified copy of the United States origin priority documents identified in Box VI of the Request form (37 CFR 1.451).

To cover the cost of copy preparation and certification (37 CFR 1.19(a)(3) and (b)(1)),

a check in the amount of \$1585.00 is attached to this transmittal letter.

the RO/US is hereby authorized to charge the following deposit account no.: 03-2412.

The appropriate Search fee for the above-named Authority is indicated on the Fee Calculation Sheet (PCT/RO/101 Annex).

2.  SUPPLEMENTAL SEARCH FEES (ONLY WHEN ISA/US CONDUCTS THE INTERNATIONAL SEARCH.) - Please charge any Supplemental Search fees that may be required by the United States International Searching Authority (ISA/US) to deposit account no. 03-2412.

*I understand that this authorization is subject to my oral confirmation thereof in each instance and that it in no way limits my right to submit a protest against payment of the Supplemental Search fees, but is merely an administrative aid to assure that the ISA/US may timely complete the Search Report.*

NOTE: SUPPLEMENTAL SEARCH FEES FOR ISA/EP ARE PAYABLE DIRECTLY TO THE EUROPEAN PATENT OFFICE

3.  DISCLOSURE INFORMATION - In order to assist in screening the accompanying International application for purposes of determining whether a license for foreign transmittal should and could be granted, the following information is supplied:

A.  There is no prior filed application relating to this invention.

B.  There is a prior application\*, serial number 60/390,665 filed on 21 June 2002 which contains subject matter that is

1.  substantially identical to that of the accompanying International application.

2.  less than that of the accompanying International application. The additional

subject matter of the International application appears on page(s) and line(s)

3.  more than that of the accompanying International application.

C.  Disclosure information cannot be covered by the language of Points 3A and 3B above due to the involvement of several prior applications or for other reasons. A separate sheet on which the disclosure information is explained is attached to this transmittal letter.

4.  REQUEST FOR FOREIGN TRANSMITTAL LICENSE - According to the provisions of 35 U.S.C. 184 and 37 CFR 5.11, a license to transmit the accompanying International application to foreign agencies or international authorities is hereby requested.

\* Priority is not claimed, unless all necessary information is listed in Box VI of the Request Form (PCT/RO/101).

Signer is the

Applicant

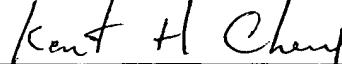
Common Representative

Attorney

Name of Signer:

**Kent H. Cheng**

Signature



**PCT****REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty

For receiving Office use only

International Application No.

International Filing Date

Name of receiving office and "PCT International Application"

Applicant's or agent's file reference: **4830-30PCT****Box No. I TITLE OF THE INVENTION****Silicone Blends and Composites for Drug Delivery****Box No. II APPLICANT**

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

**Genzyme Corporation**  
1 Kendall Square  
Cambridge, MA, 02139  
US

 This person is also inventor

Telephone No. 617-252-7804

Facsimile No. 617-252-7553

Teleprinter No.

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for  all designated States  
the purposes of: all designated States  
except the United States of America the United States of America only the States indicated in the Supplemental Box**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

**RATNER, Buddy**  
Cambridge, MA

This person is:

 applicant only applicant and inventor inventor only *(If this box is marked, do not fill in below.)*

State (that is, country) of nationality: US

State (that is, country) of residence: US

This person is applicant for  all designated States  
the purposes of: all designated States  
except the United States of America the United States of America only the States indicated in the Supplemental Box Further applicants and/or (further) inventors are indicated on a continuation sheet**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

 agent common representative

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

**Kent H. Cheng**  
Cohen, Pontani, Lieberman & Pavane  
551 Fifth Avenue, Suite 1210  
New York, New York 10176, US

Telephone No. (212) 687-2770

Facsimile No. (212) 972-5487

Teleprinter No.

 Address for correspondence: Mark this box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (July 1998; reprint January 2000)

See Notes to the request form

The following designations are hereby made under Rule 4.9(a) (*mark the applicable check-boxes; at least one must be marked*):  
 Regional Patent

[x] AP ARIPO Patent: GH Ghana, Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

[x] EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

[x] EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

[x] OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, GQ Equatorial Guinea and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on the following line*):

National Patent (*if other kind of protection or treatment desired, specify on line following name of state*):

[x] AE United Arab Emirates	[x] LK Sri Lanka
[x] AG Antigua and Barbuda	[x] LR Liberia
[x] AL Albania	[x] LS Lesotho
[x] AM Armenia	[x] LT Lithuania
[x] AT Austria	[x] LU Luxembourg
[x] AU Australia	[x] LV Latvia
[x] AZ Azerbaijan	[x] MA Morocco
[x] BA Bosnia and Herzegovina	[x] MD Republic of Moldova
[x] BB Barbados	[x] MG Madagascar
[x] BG Bulgaria	[x] MK The former Yugoslav Republic of Macedonia
[x] BR Brazil	[x] MN Mongolia
[x] BY Belarus	[x] MW Malawi
[x] BZ Belize	[x] MX Mexico
[x] CA Canada	[x] MZ Mozambique
[x] CH and LI Switzerland and Liechtenstein	[x] NO Norway
[x] CN China	[x] NZ New Zealand
[x] CO Columbia	[x] OM Oman
[x] CR Costa Rica	[x] PH Phillipines
[x] CU Cuba	[x] PL Poland
[x] CZ Czech Republic	[x] PT Portugal
[x] DE Germany	[x] RO Romania
[x] DK Denmark	[x] RU Russian Federation
[x] DM Dominica	[x] SD Sudan
[x] DZ Algeria	[x] SE Sweden
[x] EC Ecuador	[x] SG Singapore
[x] EE Estonia	[x] SI Slovenia
[x] ES Spain	[x] SK Slovakia
[x] FI Finland	[x] SL Sierra Leone
[x] GB United Kingdom	[x] TJ Tajikistan
[x] GD Grenada	[x] TM Turkmenistan
[x] GE Georgia	[x] TN Tunisia
[x] GH Ghana	[x] TR Turkey
[x] GM Gambia	[x] TT Trinidad and Tobago
[x] HR Croatia	[x] TZ United Republic of Tanzania
[x] HU Hungary	[x] UA Ukraine
[x] ID Indonesia	[x] UG Uganda
[x] IL Israel	[x] US United States of America
[x] IN India	[x] UZ Uzbekistan
[x] IS Iceland	[x] VN Viet Nam
[x] JP Japan	[x] YU Yugoslavia
[x] KE Kenya	[x] ZA South Africa
[x] KG Kyrgyzstan	[x] ZM Zambia
[x] KP Democratic People's Republic of Korea	[x] ZW Zimbabwe
[x] KR Republic of Korea	Check-boxes reserved for designating States (for the purposes of a national Patent) which have become party to the PCT after the issuance of this sheet: [ ]

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

**Box No. VI PRIORITY CLAIM** Further priority claims are indicated in the Supplemental Box [ ]

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		National application: Country	Regional application: Regional Office	International application: Receiving Office
Item (1) 21 June 2002	60/390,665	US		
Item (2)				
Item (3)				

[X] The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): \_\_\_\_\_

\* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See supplemental Box.

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):	ISA/EP	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):
		Date (day/month/year)      Number Country (or regional office)

**Box No. VIII CHECK LIST; LANGUAGE OF FILING**

This international application contains the following number of sheets:	This international application is accompanied by the item(s) marked below:
1. request: 4 sheets 2. description (excluding sequence listing part): 19 sheets 3. claims: 3 sheets 4. abstract: 1 sheet 5. drawings: 12 sheets 6. sequence listing part of description: 0 sheets  Total: 39 sheets	1. [X] fee calculation sheet 2. [x ] separate signed power of attorney 3. [ ] copy of general power of attorney; reference number, if any: 4. [ ] statement explaining lack of signature 5. [ ] priority document(s) identified in Box No. VI as item(s): 6. [ ] translation of international application into (language): 7. [ ] separate indications concerning deposited microorganism or other biological material 8. [ ] nucleotide and/or amino acid sequence listing in computer readable form 9. [ ] other (specify): _____

Figure of the drawings which Should accompany the abstract:	Language of filing Of the international application: English
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**Box No. IX SIGNATURE OF AGENT**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Kent H. Cheng  
Reg. No. 33,849  
(212) 687-2770

Cohen, Pontani, Lieberman & Pavane  
551 Fifth Avenue, Suite 1210  
New York, NY, 10176, U.S.

For receiving Office use only		2. Drawings received: [ ] not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent):	ISA/	6. [ ] Transmittal of search copy delayed until search fee is paid

**For International Bureau use only**

Date of receipt of the record  
Copy by the International Bureau:

## Continuation of Box No. III

## FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>KWOK, Connie</b> Cambridge, MA  US		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this box is marked, do not fill in below.)	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for <input type="checkbox"/> all designated States the purposes of:		<input type="checkbox"/> all designated states except the United States of America	<input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>WALLINE, Katie</b> Cambridge, MA  US		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this box is marked, do not fill in below.)	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for <input type="checkbox"/> all designated States the purposes of:		<input type="checkbox"/> all designated states except the United States of America	<input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>JOHNSTON, Erika</b> Cambridge, MA  US		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this box is marked, do not fill in below.)	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for <input type="checkbox"/> all designated States the purposes of:		<input type="checkbox"/> all designated states except the United States of America	<input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>MILLER, Robert J.</b> Cambridge, MA  US		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this box is marked, do not fill in below.)	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for <input type="checkbox"/> all designated States the purposes of:		<input type="checkbox"/> all designated states except the United States of America	<input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

**PCT**  
**FEE CALCULATION SHEET**  
Annex to **Request**

For receiving Office use only

International Application No.

Attorney Docket No.: **4830-30PCT**

Date stamp of the receiving Office

Applicant: **Genzyme Corporation et al.****CALCULATION OF PRESCRIBED FEES**

1. TRANSMITTAL FEE .....	\$ 240	[T]
2. SEARCH FEE .....	\$ 450	[S]
International search to be carried out by <u>ISA/US</u> (If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)		
3. INTERNATIONAL FEE		
<b>Basic Fee</b> The international application contains <u>  </u> sheets.		
First 30 sheets .....	\$ 455	[b <sub>1</sub> ]
<u>  </u> X <u>  </u> = <u>  </u>	\$ - 0 -	[b <sub>2</sub> ]
Remaining sheets      additional amount		
Add amounts entered at b <sub>1</sub> and b <sub>2</sub> and enter total at B .....	\$ 455	[B]
<b>Designation Fees</b> The international application contains <u>  4  </u> designations		
<u>  </u> X <u>  </u> = <u>  </u>	\$ 420	[D]
No. of designations fee      amount of designation fee payable (maximum 5)		
Add amounts entered at B and D and enter total at I .....	\$ 875	[I]
(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)		
4. FEE FOR PRIORITY DOCUMENT (if applicable) .....	\$ 20	[P]
5. TOTAL FEES PAYABLE Add amounts entered at T, S, I and P, and enter total in the TOTAL box .....	\$ 1585	
		TOTAL

 The designation fee(s) is(are) not paid at this time**MODE OF PAYMENT**

<input checked="" type="checkbox"/> authorization to charge deposit account (see below)	<input type="checkbox"/> bank draft	<input type="checkbox"/> coupons
<input type="checkbox"/> cheque	<input type="checkbox"/> cash	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> postal money order	<input type="checkbox"/> revenue stamps	

**DEPOSIT ACCOUNT AUTHORIZATION** (this mode of payment may not be available at all receiving Offices)

The RO/US  is hereby authorized to charge the total fees indicated above to my deposit account.  
 is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.  
 is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

03-2412  
Deposit Account Number20 June 2003  
Date (day/month/year)Kent H. Cheng  
Reg. No. 33,849